

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2180

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6001</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>RALLS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RALLS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Saline Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Saline Township</u>					
c. LENGTH OF STAY (In this place) <u>3 Yrs</u>				d. STREET ADDRESS (If rural, give location) <u>MONROE CITY RR 2</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY Mo.</u>									
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BLANCHE</u>		b. (Middle) <u>LELIA</u>		c. (Last) <u>COLLIVER</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOVEMBER 22, 1904</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Washington Co. Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOHN W. MAIDEN</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Davis</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN C. COLLIVER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchial Asthma</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Three Weeks</u>  <u>18 years</u>  <u>241 X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year), (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept 1, 1950</u> , to <u>JAN 15, 1951</u> , that I last saw the deceased alive on <u>JAN 15, 1951</u> , and that death occurred at <u>145 R. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>George H. Harrison</u> (Degree or title)				23b. ADDRESS <u>Monroe City, Mo</u>		23c. DATE SIGNED <u>Jan 17, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Jude's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, Mo</u>			
DATE REC'D BY LOCAL REG. <u>1/17/1951</u>		REGISTRAR'S SIGNATURE <u>Clyde W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON &amp; SONS, MONROE CITY MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 20 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-57-19  
Date Filed: FEB 5 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.